Factors Related to Mother of Toddler to Come to Integrated Healthcare Center

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Abstract

Integrated Healthcare Center (IHC) is basic health activities, mostly for toddler, organized by, from and for the community. The numbers of IHC who run their activity since 2019 are 283,370 but only 173,750 (61.32%) which do the services regularly every month. The problem is, there are only 38,68% parents that bring their children to visit IHC to maintains their health. The purpose of the study was to determine the factors related to parents, especially the mother, bringing their children to visit IHC in Tanjung Batang Kapas Village which is part of Pancung Soal Health Center area, in Pesisir Selatan Regency, West Sumatera, Indonesia. This is analytic research with cross sectional design, this research was carried out in January - July 2022. The population of this study was mothers who has baby under five, it is amounted in 114 people. Proportional random sampling technique was used to collect 89 samples. The data were analyzed by univariate and bivariate using Chi Square test. The results of this study found that there was a significant relationship between knowledge (p-value=0.044), attitude (p-value=0.000), education (p-value = 0.000), family support (p-value=0.015), motivation (p-value=0.000), the role of IHC cadres (p-value=0.000) with Toddler IHC Visits. In contrast, health workers roles (p-value=0.167) and parent occupation (p-value=0.326) did not have a connection of toddlers coming to IHC in Tanjung Batang Kapas Village in 2022. It is expected that health workers will be more active in carring toddler to IHC by doing something interesting while weighing toddlers, doing immunization, and improving nutrition status based on government programs, and cadres home visits to be encouraged by the head of public health center by giving more information about the benefits of IHC so that the families can support mothers to came posyabdu once a month.

Keywords:* *IHC, Public Health Centre, Toddler, Visit

INTRODUCTION

The date rate of infant and under-five still become concern from World Health Organization, the rate worldwide is 56 per live birth in 2019. Meanwhile, in Indonesia based on National Development Planning Agency (Bappenas) data in 2020, there were 28,158 date occurrences of under-five deaths, in which 20,266 (71.97%) occurred in the neonatal period (birth to 28 days), 5,386 (19.13%) in the post-neonatal period (birth to 29 days), and 2,506 (8.9%) in the toddler period (birth to 59 months) (Kementerian PPN/Bappenas, 2020). It is mean that under-five mortality is still high so it is necessary to work hard in an effort to reduce the death rate.

Reducing child mortality relies heavily on expanding access to facilities, health services and professionals. An attempt can be made to track the growth and development of adolescents by setting up Posyandu or Integrated Healthcare Center/IHC for toddlers. IHC is one of the important steps in helping the development of the community. It is a step on a community-run service, in terms of improving the quality of human resources for the Indonesian people and

enabling them to become self-developed and self-reliant. Using improved technical help from medical professionals. IHC is a community empowerment platform created in response to the needs of the community and run by, for and with the community, with the help of Puskesmas (Public Health Center/PHC) officer, cross-sector and other relevant agencies (Kementerian PPN/Bappenas, 2020)

Based on Indonesian Ministry of Health data in 2019, there were 283,370 IHC for toddlers; but only 173,750 (61.32%) were in use. A IHC called active if it performed primary functions on a regular basis each month. Currently, 38.68% of parents do not bring their kids to IHC, which is still below the national target (80%) (Kemenkes RI, 2019). The impact of not attending IHC regularly are uncontrollably of toddler health, growth and development which can lead to wasting (nutritional conditions that are inappropriate for age or thin), unreceive of vitamin A, lack of additional food that usually distribute by the health officer, and uncomplete immunization which puts toddlers at a higher risk of contracting certain diseases (RI, 2020). This actually what toddler will get when the attend the IHC.

Unable to attempt the IHC can influenced by a variety of factors, including their health habits. Three factors on a person's behavior about their health, such as predisposing, supporting, and reinforcing factors. The predisposing factors include knowledge, attitudes, belief systems, education level, motivation, and socioeconomic status. While, supporting factors include the availability of health facilities and infrastructure, as well as financial capability. Meanwhile local authorities, the roles of health workers, and health policies are reinforcing factors.

The number of IHC in West Sumatera in 2019 was 6956 which is included 3 levels of IHC. There are 573 IHC Pratama (the lowest and smallest IHC), 1979 IHC Madya (middle IHC), 3180 IHC Purnama, and 1224 IHC Mandiri (the highest and the biggest IHC), with a total of 8631 cadres (Kemenkes R1, 2019). Meanwhile, the percentage of visitor of IHC in Pancung Soal Health Center only 40% from 20 active PHC in the Pesisir Selatan District's, and it is become the lowest among others. Furthermore, Tanjung Batang Kapas Village has the lowest percentage (35%) compare to 10 of the communities in Pancung Soal Health Center's service area (Dinas Kesehatan Kabupaten Pesisir Selatan, 2020).

General purpose of this study was to find out the factors related to the visit of mothers under five to the IHC in Tanjung Batang Kapas Village, the working area of the Pancung Soal Health Center, Pesisir Selatan Regency in 2022. An initial survey conducted at the Pancung Soal Health Center in November 2021 by interviewing 10 mothers who had toddlers, found that 7 of mothers did not make regular monthly visits to the toddler IHC. 50% of them said that they did not know the importance of the IHC for toddler, and 4 mothers said they did not need

to go to IHC. This will have an impact on difficulties in monitoring the growth and development of toddlers and preventing growth disorders. In addition, IHC program hoped that there will be interventions that are best carried out by health workers to improve the nutritional status of toddlers nationally and regionally (Hermawan et al., 2019; Saputri et al., 2020; Widiyanto et al., 2021).

METHODS

This type of research is quantitative research with a cross sectional approach. The descriptive data describing knowledge, attitudes, family support, role of health workers, employment status, and motivation as independent variables and the numbers of toddler who visit IHC as dependent variable. This research was carried out in January - July 2022 in Tanjung Batang Kapas Village, the working area of the Pancung Soal Health Center, Pesisir Selatan Regency. The research design was seeking what phenomenon was occurred in the presents time. The population of this study was toddlers in Tanjung Batang Kapas Village, comprising 114 people with a sample size of 89 mother. The sampling technique uses a proportional random sampling technique, namely the population consists of units that have different characteristics. All mothers who live in the population area of research area and have toddlers are the sample. Adding to this, those who have 2 toddlers, the smallest one is counted. The excluding criteria if the mother is acquiescing in or sick. Proportional random sampling is the sampling method. The proportion of sample count in 2 different IHC name as Kinari 1 and Kinari 2. Both of this IHC's divided in proportion; 52 samples from Kinari 1 and others from Kinari 2. This research conduct for 6 months starting from preliminary research, asking for permit, selecting samples, spreading and asking questioner

The link between the independent factors and the dependent variable is investigated in this study testing by Chi Square test. Using SPSS 15 software analysis to employe as a statistical technique with a data processing tool with a confidence level of 95% or α 0.05.

RESULTS

Table 1. Distribution and Frequency of Factors Related to Visit IHC By Mothers Under Five

Variable	F	%
Category of Toddler Visit IHC		
Non-Active (≤ 8 times a year)	48	53,9
Active (≥ 8 times a year)	41	46,1
Knowledge Level of IHC		
Low (≤ 60% can answer correctly)	35	39,3
High (≥ 60% can answer correctly)	54	60,7
Attitude toward of IHC		
Negative (≤ median)	44	49,4
Positive (≥ median)	45	50,6
Education Level		
Low	39	43,8
High	50	56,2
Family Support		
Not Supported (≤ median)	46	51,7
Supported (≥ median)	43	48,3
Occupation		
Employee	43	48,3
Unemployed	46	51,7
Motivation		
Not Really Good (≤ median)	45	50,6
Good (≥ median)	44	49,4
Role of Health Officer		
Less role of Health Officer (≤ median)	20	22,5
Active Health Officer (≥ median)	69	77,5
Role of IHC Cadre		
Less role of IHC Cadre (≤ median)	44	49,4
Active IHC Cadre (≥ median)	45	50,6

Source: Research Data, 2022

The univariate description of research variables explains the general description of the data about visit the IHC, knowledge, attitude, education level, family support, occupation of mothers, motivation health officer and cadre role. Based on the table above, it can be seen that 53.9% of respondents were not active at IHC with 39.3% of respondents have a low level of knowledge. Almost a half of respondents have a negative attitude 49.4% toward IHC and 43.8% of mothers just finished their elementary and junior high school education which are categorized as low. Family support describe with only 48,3%, while others categorized as unsupportive family. It is also can be seen that 48.3% of mothers have working category status with 50.6% poor motivation. Based on answer of the respondent just 22.5% of health workers who do not really active to promote the IHC, meanwhile, cadre who do not play their role mark as 49.4%.

Table 2. Factor Related to Visit IHC By Mothers Under Five

Variable Group	Toddler IHC Visit				*P value*
	Non-active		Active		
	f	%	f	%	
Knowledge Level of IHC					
Low (≤ 60% can answer correctly)	24	68,6	11	31,4	0,044
High (≥ 60% can answer correctly)	24	44,4	30	55,6	
Attitude toward of IHC					
Negative (≤ median)	34	77,3	10	22,7	0,000
Positive (≥ median)	14	31,1	31	68,9	
Education Level					
Low	31	79,5	8	20,5	0,000
High	17	34,0	33	66,0	
Family Support					
Not Supported (≤ median)	31	67,4	15	32,6	0,015
Supported (≥ median)	17	39,5	26	60,5	
Occupation					
Employee	26	60,5	17	39,5	0,326
Unemployed	22	47,8	24	52,5	
Motivation					
Not Really Good (≤ median)	38	84,4	7	15,6	*0,000*
Good (≥ median)	10	22,7	34	77,3	
Role of Health Officer					
Less role of Health Officer (≤ median)	14	70,0	6	30,0	0,167
Active Health Officer (≥ median)	34	49,3	35	50,7	
Role of IHC Cadre					
Less role of IHC Cadre (≤ median)	40	90,0	4	9,1	*0,000*
Active IHC Cadre (≥ median)	8	17,8	37	82,2	

Source: Research Data, 2022

Based on table 2, it can be seen that mothers with low knowledge 68.6% are not active in bringing their toddlers to IHC p value = 0.044 (p <0.05) meaning that there is a significant relationship between knowledge and visits to IHC. Along with that, 77.3% of mothers with a negative attitude which rarely bring their children to IHC has significant between attitudes and coming to IHC with p value = 0.000 (p <0.05). Mothers with low education are not active (79.5%) has significant relationship between education and coming to IHC. Non-supportive families (67,4%) has meaningful value between family support and attending the IHC (p <0.05). There is a correlation between motivation (p value = 0.000) and cadre role (p value = 0.000) with mother to the IHC.

DISCUSSION

1. Relationship between Knowledge and Visits to the Toddler IHC

According to the findings, 68.6% of mothers with limited understanding did not actively bring their toddlers to the IHC. The figure of p = 0.044 (p 0.05) indicates that Ha is accepted and H0 is rejected, and that there is a strong association between knowledge and visits to toddlers' IHC in Tanjung Batang Kapas Village.

In this study, there is a substantial association between knowledge and visits to IHC for toddlers. It can be shown that 68.6% of parents have limited understanding and are not actively involved in taking their toddlers to IHC. Health workers play a less role because of a lack of education among mothers and unsupportive families.

Knowledge can shape an attitude and lead to everyday behavior. A high level of knowledge about IHC can form a positive attitude towards health improvement programs (Anjani, 2018; Ardhiyanti, 2019). The negative impact on this mother rarely checking their son health problem and lack of information about how to improve their nutrition (Anjani, 2018). Mothers who have good knowledge have a 3.7 chance of visiting the IHC (Sari, 2021). However, the good knowledge of mothers is not enough if it is not supported by other factors (Fitriyah et al., 2019). One way that can be done to increase the knowledge of respondents is by providing counseling about IHC and providing brochures to add information to mothers of toddlers about it (Nurdin et al., 2019).

2. Relationship between Attitudes and Visits to the Toddler IHC

According to the findings, 77.3% of moms with a negative attitude did not actively bring their children to the IHC. The value of p value = 0.000 (p 0.05) indicates that Ha is accepted, H0 is rejected, since there is a strong association between attitude and visits to IHC the toddler in Tanjung Batang Kapas Village.

In this study, there is a substantial association between attitude and IHC visits among toddlers. It can be shown that 77.3% of those with negative sentiments did not bring their toddlers to IHC. More than 50.6% of mothers said they would not go to IHC to learn about their toddler's health progress.

The more negative the attitude of the mother of the toddler about participating in the weighing of the toddler, the more inactive the mother is in conducting health checks. This can have an impact on the growth and development of toddlers (Rehing et al., 2021). A research conduct by Ayu, 2019 in the Baktijaya Subdistrict, Depok, shown that a positive attitude can arise from the invitation of peers, family and community leaders (Ayu et al., 2020).

3. Relationship between Education and Toddler IHC Visits

According to the findings, 79.5% of low-education mothers did not actively bring their babies to IHC. In chi-square testing it could be seen that the p-value shown 0.000 ($p<0.05$) which is indicates that Ha is accepted and H0 is rejected, and that there is a strong connection between education and visits intention to Tanjung Batang Kapas Village IHC.

It can be shown that 79.5% of parents with poor education did not bring their toddlers to IHC. Due to their lack of education, moms were unable to utilize the information offered by health personnel concerning IHC. As a result, mothers do not fully participate in IHC activities. Furthermore, it was discovered that 34.0% of moms had a higher education but did not participate in IHC activities.

Good education can encourage someone to make good decisions regarding family health (Yuliawati et al., 2020). Someone with a higher education will make rational and open decisions compared to someone who not (Khrisna et al., 2020). In addition, mothers with higher education are 2.7 times more likely to participate actively in checking their toddler's health, including weighing their toddler in IHC (Fara et al., 2019).

The level of someone's knowledge greatly influences individual behavior. Somone who has higher the level of knowledge about the benefits of IHC in line with the higher the level of awareness to participate, and so does the reverse (Satriani et al., 2019). Besides that, factors such as work cause there are mothers who work so they do not have time to carry out IHC activities.

4. Relationship between Family Support and Visits to the Toddler IHC

According to the findings, 67.4% of moms from non-supporting families did not bring their toddlers to IHC, compared to 39.5% of mothers from supportive families. p value = 0.015 (p 0.05) indicates that in Tanjung Batang Kapas Village, there is a strong association between family support and visits to toddlers' IHC.

In this study, there is a substantial association between family support and attending IHC for toddlers. It can be noticed that families with less than 67.4% support are less likely to bring their toddlers to IHC. Family support has one of the things that can help individual facing their problems. Along with the support, they will gain self-confidence and motivation (Amalia et al., 2019).

This finding along with Amalia research in 2019, which is found that 52,6% of mothers unwilling come to toddler IHC due to lack of family support. Family could share the information about the IHC programs, remind the mom on the date of immunization and giving motivation to actively visit the IHC. Fathers in other hands, can support their wife to take them

to IHC or finding become replacement if mother cannot go. The existence of family support can provide a sense of security and comfort for mothers and can increase mothers' interest in making toddler visits to IHC (Ike et al., 2021).

5. Relationship between the Role of Health Officers and Visits to the Toddler IHC

According to the findings, 70.0% of women who worked in health care did not actively bring their children to the IHC. The p value of 0.167 ($p > 0.05$) indicates that Ha is accepted, H0 is rejected, and there is no significant association between the role of health workers and visits to toddler IHC in Tanjung Batang Kapas Village.

In this study, there was no significant association between the function of health personnel and visits to the toddler IHC. It is clear that 70% of the health professionals did not take an active role, in accordance mother to bringing their toddlers to the IHC. This may be observed in the role of health personnel attempting to contact community leaders in order to assist IHC activities, but the mother refused.

Health workers on duty at IHC need to show behavior that makes mothers interested and sympathetic in providing health services. In addition, the efforts of officers are expected to create active communication with residents. Active health workers could encourage mothers to routinely go to IHC to have their children's health checked and obtain health information from officers (Amalia et al., 2019; Ayu et al., 2020).

6. Relationship between Employment Status and Toddler IHC Visits

According to the findings, 60.5% of working mothers did not bring their children to IHC. The p-value of 0.326 ($p > 0.05$) indicates that Ha is rejected, H0 is accepted, and there is no significant link between work status and visits to the toddler IHC in Tanjung Batang Kapas Village. In this study, there was no significant association between work status and visits to the toddler IHC. This research is different from Okmalia's research at IHC Talang Village, which stated that there was a close relationship between employment status and mother's visits to IHC (Okmalia, 2020).

Working is doing work with the intention of obtaining or helping to earn income or profits and the length of work is at least one hour continuously, including unpaid family work that helps in a business or economic activity. Respondents in this study tend to choose to work in the informal sector and this is an obstacle for mothers to share their time in social activities including IHC.

Someone who has a job with a sufficiently tight time will affect absenteeism at IHC implementation. Working mothers will be busier so they don't have time to visit the IHC

compared to mothers who don't work (Ardhiyanti, 2019; Desty et al., 2021; Dewi et al., 2021; Sari et al., 2021)

7. Relationship between Motivation and Visits to the Toddler IHC

According to the findings, 84.4% of mothers with low motivation did not bring their toddlers to the IHC. The value of p value = 0.000 (p 0.05) indicates that Ha is accepted, H0 is rejected, and there is a strong association between motivation and visits to Tanjung Batang Kapas Village's toddler IHC.

In this study, there is a substantial association between toddler motivation and visits to IHC. It can be noticed that more than 84.4% of parents with low motivation do not bring their kids to IHC. This is because I refuse to visit IHC because the activity is just once a month. Furthermore, it was discovered that 22.7% of mothers who lacked motivation did not participate in IHC activities. Furthermore, the mother's lack of enthusiasm to carry out this IHC is owing to the lack of a role for health workers and IHC cadres in promoting IHC activities.

This is in line with research from Nurdin in 2019 at the Jorong Tarantang village, where respondents who were unmotivated had a 4.3 times lower chance of visiting IHC (Nurdin et al., 2019). So that family support is needed, especially husbands who can motivate their wives to come to IHC.

8. Relationship between Role of Cadre and Visits to the Toddler IHC

The findings shown that cadre who has not active to support mother coming IHC reach 90%. Since, the p value = 0.000 ($p<0.05$), which is indicates that Ha is accepted, H0 is rejected, and there is a connection between cadre roles with mothers come to IHC in Tanjung Batang Kapas Village's.

Cadre role such as supporting mother to going to IHC also always coming on time and be ready to giving services in every event that conduct by PHC will directly motivating others to join IHC program especially mothers (Amalia et al., 2019; Sari et al., 2020). Knowledge and mastery of the activities to be carried out are expected to improve the quality of health services in the community (Ardhiyanti, 2019).

This is in line with Desty's 2021 research at the Karangmoncol Health Center, where there is a significant relationship between the role of cadres and IHC so that cadres are required to be active and skilled in carrying out the IHC program. Cadres are one of the keys to success in the service system, because active and skilled cadre services will get a positive response from mothers who have toddlers. So that it seems friendly and good and the service is regular (Imanah et al., 2021). This encourages mothers of toddlers to visit the IHC diligently.

CONCLUSION

As much as 53.9% of children under five do not actively visit IHC, as much as 39.3% of mothers have a low level of knowledge, as much as 49.4% of mothers have a negative attitude, as much as 43.8% of mothers have low education, as much as 51.7% of mothers have families do not support, as much as 22.5% of health workers do not play a role in implementing IHC under five, as much as 48.3% of mothers have working status, as much as 50.6% of mothers have poor motivation, as much as 49.4% of IHC cadres do not play a role in the village Tanjung Batang Kapas Working Area, Pancung Health Center, South Coastal District, 2022.

There is a significant relationship between knowledge and visits to the toddler IHC. There is a significant relationship between attitude and visits to toddlers' IHC. There is a significant relationship between education and visits to toddlers' IHC. There is a significant relationship between family support and visits to toddlers' IHC. There is no significant relationship between the role of health workers and visits to the toddler IHC. There is no significant relationship between employment status and visits to the toddler IHC. There is a significant relationship between motivation and visits to the toddler IHC. There is a significant relationship between the role of IHC cadres and the visit of the toddler IHC in Tanjung Batang Kapas Village, the Working Area of the Pancung Soal Health Center, Pesisir Selatan Regency in 2022.

It is hoped that health workers will be more active in carrying out IHC activities by weighing toddlers, immunizing children, improving nutrition and preventing diarrhea more broadly and cadres will conduct home visits to provide information about the benefits of IHC and families can accompany mothers with toddlers once a month to IHC activities. It is hoped that they can examine other factors that influence visits to IHC toddlers with different types and designs such us distance, IHC Facilities, ownership of health control cards such as the Towards Health Card, easy access to information, and peer-group support.

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